Bell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14925

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown rural
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 136 John St.,

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E (Last) Albert

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 25, 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: cigar maker

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Ezra Albert

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Beulah Harper 35 N. Locust St., City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
491X
Immediate cause (a) Bronchopneumonia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease, years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1952, to 12-12, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 11:30 A. m., from the causes and on the date stated above.
SIGNATURE: R. A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 12-15-52
NAME OF CEMETERY OR CREMATORY: Rose Hill
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec 13 - 52
REGISTRAR'S SIGNATURE: Leroy M. Fochler (Deputy Local)
24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
JAN 13 1953
BUREAU V.I.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14026 Dr. Poole

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 15 Mi.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 232 S. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) ANN (Last) ARTZ

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 28 1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Williamsport Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin C. Rideneur

14. MOTHER'S MAIDEN NAME: Margaret Ann Pryer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Oscar M. Artz 232 S. Locust St. Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocardial decompensation with	2 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Progressive Pulmonary Oedema	
	DUE TO (c) Hypertensive Cardio Vascular Disease	5 yrs

9437

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13 ..., 19 52 to 12/13, 19 52, that I last saw the deceased alive on 12/13, 19 52 and that death occurred at 6:32 P.M. from the causes and on the date stated above.

SIGNATURE Ernest J. Poole (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/16/52 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 16 1952 — REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR — ADDRESS Andrew K. Coffman Hag. Md.

VS. A15

RECEIVED
DEC 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14927 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 232 E. Washington

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) (Last) Bachtell

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Sept. 24, 1901

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Knitting Mill

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Grace Bachtell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Cottie Miller Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 4 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Metastasis from adeno carcinoma of sigmoid — 1½

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. hrn

19a. DATE OF OPERATION: 24 Oct 51

19b. MAJOR FINDINGS OF OPERATION: Adeno - Carcinoma - sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 51, 19..., to Dec, 1952, that I last saw the deceased alive on Dec, 19..., and that death occurred at 1:27 P.M., from the causes and on the date stated above.

SIGNATURE: E F Lusby — (DEGREE OR TITLE) MD — ADDRESS: 230 N Potomac — DATE SIGNED: 3 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 4, 1952 — NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery — LOCATION (City, town, or county) (State): Smithsburg Md.

DATE REC'D BY LOCAL REG.: Dec 4 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son Hag. Md.

RECEIVED
DEC 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14928
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1032 Potomac Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1032 Potomac Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Walter (Last) Baker.

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-9-1887

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR: Months 6 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Central Welding Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Baker

14. MOTHER'S MAIDEN NAME: Catherine Lavare

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-24-6676

17. INFORMANT & ADDRESS: Mrs. C. Walter Baker, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Insufficiency — Interval Between Onset And Death: 27 Dec 52

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Occlusion — same day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Dec, 1952, to 31 Dec, 1952, that I last saw the deceased alive on 27 Dec, 1952, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE F. F. Busby (Degree or title) MD ADDRESS 230 N Potomac DATE SIGNED 2 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-2-1953 NAME OF CEMETERY OR CREMATORY Fairview Cemetery LOCATION (City, town, or county) (State) Keedysville, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan 2 1953 REGISTRAR'S SIGNATURE Ghastt Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1929

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 101 Marbern Road

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Baker

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 15, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homeduties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Burgan

14. MOTHER'S MAIDEN NAME: Mary V. Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Gladys G. Baker Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) DUE TO: Myocardial Infarction — Interval Between Onset and Death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO:

(c) Coronary Arteriosclerosis — 5 Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19....., to....., 19....., that I last saw the deceased alive on 12/17/52, 19....., and that death occurred at 1245 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Edward Young M.D. Hagerstown Md. 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 20, 1952

NAME OF CEMETERY OR CREMATORY: Rose Hill

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec. 20, 1952

REGISTRAR'S SIGNATURE: Charles Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1930

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural, give location) 214½ N. Jonathans St.

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) (none); (Last) Banks
4. DATE OF DEATH: (Month) Dec; (Day) 24; (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3-23-1882
9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Quarryman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Warren County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Banks
14. MOTHER'S MAIDEN NAME: Polly Pelts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Mary Davis 214½ N. Jonathan St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis Generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer Benign Prostatic Hypertrophy.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1952, to Dec 24, 1952, that I last saw the deceased alive on Dec 24, 1952; and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Audrey Noverstein M.D. ADDRESS 2 Funkstown Rd DATE SIGNED 12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-28-1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Maryland.

DATE REC'D BY LOCAL REG.: Dec. 28 1952
REGISTRAR'S SIGNATURE: Grace H. Bowers
24. FUNERAL DIRECTOR
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1931

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ringgold
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ringgold
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEIA (Middle) G. (Last) BARKDOLL

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 6, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Music

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: D. Columbus Barkdoll

14. MOTHER'S MAIDEN NAME: Alice J. Kinsel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Stoler B. Good, Waynesboro, Penna.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 331A

DUE TO (b) Hypertension — Arterio —

DUE TO (c) Sclerosis & Auricular Fibrilations

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1952 to 12-7, 1952, that I last saw the deceased alive on 12-7, 1952, and that death occurred at 5.15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) R. B. Brown M.D. ADDRESS Waynesboro Pa. DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/11/52 | NAME OF CEMETERY OR CREMATORY Green Hill Cemetery | LOCATION (City, town, or county) Waynesboro (State) Penna.

DATE REC'D BY LOCAL REGISTRAR Dec 10-52 | REGISTRAR'S SIGNATURE Geo. W Ferguson coroner

24. FUNERAL DIRECTOR S. Martin Bok ADDRESS Waynesboro, Penna.

VS. A15

Item 18&22 Film G150 1-30-53 ams
Item 22:film G151
-19-53 L

14932

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures and letters clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A/6A

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 8 Hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 107 West Church St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) EDWARD (Last) BARTON

4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Single

8. DATE OF BIRTH: Oct 8 1912

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Eldridge Dairy Co.

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry O. Barton

14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles Barton 107 W. Church Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined Acute barbiturate poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute barbiturate poisoning

(c) (Barbiturates 9.3 mgs. per 100 cc blood only)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* Accidental

SIGNATURE (Degree or title) /s/ Robert Wells M.D., WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 1/3/53; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Jan 2, 1953; REGISTRAR'S SIGNATURE /s/ Thos H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1933

CERTIFICATE OF DEATH

Reg. Dist. No. 3 D 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: S. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg
STREET ADDRESS (If rural, give location): S. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Martin (Last) Brenner

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: April 14, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William O. Donaldson

14. MOTHER'S MAIDEN NAME: Adelaide Wishard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Miss Caroline Brenner, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO Arterio - Sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4., 19 52 to Dec. 4 19 52 that I last saw the deceased alive on Dec. 4, 19 52 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: G. C. Kohler — (DEGREE OR TITLE) M.D. — ADDRESS: Smithsburg Md — DATE SIGNED: 12/5/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Dec. 7, 1952 — NAME OF CEMETERY OR CREMATORY: Smithsburg Lutheran Ce. — LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REG.: Dec 6-52 — REGISTRAR'S SIGNATURE: Geo. W Ferguson Local Reg.

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son, Smithsburg

MARYLAND STATE DEPARTMENT OF HEALTH

14934

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
LENGTH OF STAY (In this place): 18 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kemptown
STREET ADDRESS (If rural, give location): R.F.D. Monrovia.

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) D. (Last) Browning

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 1, 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Kemptown, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jeremiah Browning

14. MOTHER'S MAIDEN NAME: Georgetta Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: -- --

17. INFORMANT: Miss Maxine F. Browning, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

Immediate cause (a) Generalized Arteriosclerosis — Interval between onset and death: 5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to Dec. 28, 1952, that I last saw the deceased alive on Dec. 27, 1952, and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE: C. W. Allan (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 12/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 31-52 — NAME OF CEMETERY OR CREMATORY: Providence — LOCATION (City, town, or county) (State): Kemptown, Md.

DATE REC'D BY LOCAL REG.: Dec. 31, 1952 — REGISTRAR'S SIGNATURE: John C. Dash

24. FUNERAL DIRECTOR — ADDRESS: Clin L. Nolesworth, Damascus, Md.

14935

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RD 6 - Hagerstown, Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Hagerstown
STREET ADDRESS (If rural, give location): RD 6 - Hagerstown

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Clarence (Last) Brumbaugh

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4/13/1879

9. AGE last birthday: 73 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Buying & Selling

11. BIRTHPLACE (State or foreign country): Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Brumbaugh

14. MOTHER'S MAIDEN NAME: Elizabeth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217325483

17. INFORMANT: Virginia Brumbaugh RD 6 Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion Heart Disease — 1 year

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 2 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1952, to Nov 30, 1952, that I last saw the deceased alive on Nov. 30, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: Thos. H. Coleman (Degree or title) MD ADDRESS: Hagerstown Md DATE SIGNED: 12/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 12/3/52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Greencastle, Pa.

DATE REC'D BY LOCAL REG.: Dec. 1, 1952 | REGISTRAR'S SIGNATURE: Dwight F. Howard | 24. FUNERAL DIRECTOR: C. C. Minnich | ADDRESS: Greencastle Pa.

VS. A15

DEC 3 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 936

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 2210 Jay St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Elsie	Agnes	Burck	12	10	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	White	Widowed	Dec. 11, 1883	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
home duties	home	Frederick, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Nathan Putman	Susan Utterback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Lillian Price Williamsport, Md. Rl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Thrombosis – Basilar artery	2 days.
Antecedent cause(s)	DUE TO (b) Dilated atherosclerosis	years.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) Hypertension & Arteriosclerotic Heart Disease	yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 20, 19 52, to Dec 10, 19 52, that I last saw the deceased alive on Dec 10, 19 52, and that death occurred at 8:55 A m., from the causes and on the date stated above.

SIGNATURE Phillip J. Huselman (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 12-10-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-12-52	Rest Haven	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 11 1952	Charles H. Howard	Fred W. Praiss	Hagerstown, Md.

VS. A15 8-51

DEC 1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14937
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rural
LENGTH OF STAY (in this place): 6yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport Md #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural
STREET ADDRESS (If rural give location): Williamsport Md #2

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) W. (Last) Clousman

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Sept. 21 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ~~Salesperson~~ Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wingerton

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus Clousman

14. MOTHER'S MAIDEN NAME: Annabelle Lever Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Paul Crunkleton, Williamsport Md #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardio-Renal Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertension Cerebral — DUE TO

(c)

Interval Between Onset And Death: (a) 6 yrs. (b) 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1 ..., 1952, to 12-26, 1952, that I last saw the deceased alive on 12-26, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE: A. M. Clutter (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/30/52 — NAME OF CEMETERY OR CREMATORY: Green Hill — LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR: Dec 27, 1952 — REGISTRAR'S SIGNATURE: Pearl Howard

24. FUNERAL DIRECTOR: Walter J. Grove, Waynesboro Pa. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14938

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 2 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle; STREET ADDRESS (If rural, give location) 317 S. Washington St. ✓

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) Louise (Last) Cordell

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/27/1924

9. AGE last birthday: 28 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR IND[illegible]: Housekeeper

11. BIRTHPLACE (State or foreign country): Greencastle Franklin Co. Pa

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Harry C. Cordell

14. MOTHER'S MAIDEN NAME: Anna B. Goetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 201-16-0658

17. INFORMANT: Mr. Harry C Cordell Greencastle, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilitation (failure)	5 Hours.
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic inactive Rheumatic heart disease	25 yrs.
	(c) Chronic diffuse toxic goitre	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Pneumonia

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT? SUICIDE? HOMICIDE? (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/ /39, to 12/26/52, that I last saw the deceased alive on 12/26/52, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W C Brecht MD 12/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: 12/30/1952; NAME OF CEMETERY OR CREMATORY: Kauffmans Station Cemetery; LOCATION (City, town, or county) (State): Antrim Twp. Franklin Co. Penna

DATE REC'D BY LOCAL REG.: Dec. 30. 1952; REGISTRAR'S SIGNATURE: Chas. H. Boccard

24. FUNERAL DIRECTOR: Edward M. Zimmerman; ADDRESS: Greencastle, Pa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1893

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural
LENGTH OF STAY (in this place): 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chambersburg
STREET ADDRESS (If rural, give location): 612 S. Second St

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) May (Last) Crunkleton

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 31-1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Home Duties	Home	Pennsylvania	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Tice	Catherine Bitner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	None	J. F. Crunkleton- 612 S. Second St. Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
3317 Immediate cause	(a) Cerebral Hemorrhage	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arterio Sclerosis Hypertension	3 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 2 yrs Ago

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6/1, 1950., to Dec 11, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
David R Brewer M.D. Clear Spring Md. 12/13/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 14-52	Cedar Hill Cemetery	Greencastle, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 13-52	Leroy M Fockler Deputy Local	Robert E. Barbour	Chambersburg Pa.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14940

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
   LENGTH OF STAY (in this place) Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Carlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
   STREET ADDRESS (If rural give location) 110 S[illegible] [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) Elizabeth (Last) Davis

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-4-1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Davis

14. MOTHER'S MAIDEN NAME: Mary Ellen Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Clara Kretzer, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (of unknown origin) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 36 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Deformans 45 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 25, 1952, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE H. H. Campbell (Degree or title) M.D. ADDRESS 145 N. Washington St Hagerstown DATE SIGNED 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-30-1952 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE RECD BY LOCAL REGISTRAR Dec. 30, 1952 REGISTRAR'S SIGNATURE C. Hoffman Boerner

24. FUNERAL DIRECTOR C. [illegible] Sons, Hagerstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 488 McDowell Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location): 488 McDowell Ave.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Fannie	Kate	Davis	12	13	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widowed	Aug. 3, 1874	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
home duties	home	Leitersburg, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Miner	Clara Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Allen D. Baker Leitersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

204.0

Immediate cause (a) Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 9

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1952, to Dec. 13, 1952, that I last saw the deceased alive on Dec. 12, 1952, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
E. H. Hoffmeier MD	Hagerstown Md		12/16/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-15-52	Leitersburg Lutheran	Leitersburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 17, 1952	Ethel F. Bowers	Fred. Kreiss	Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14942

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Mercersburg; STREET ADDRESS (If rural, give location) R. 2

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Olive (Last) Dennis

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 52

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Oct. 19, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mercersburg, Pa. R. 2

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emanuel D. Bricker

14. MOTHER'S MAIDEN NAME: Lennie F. Cutchall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: P. Zullinger, Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____ (c) _____

162X

INTERVAL BETWEEN ONSET AND DEATH: Approx. 3 mos.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Recurrent Carcinoma Toxic Nodular Goiter

19a. DATE OF OPERATION: June, 1951

19b. MAJOR FINDINGS OF OPERATION: Toxic Nodular goiter

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 19 49, to 12/13, 19 52, that I last saw the deceased alive on 12/12, 19 52, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Green M.D. Greencastle, Pa. 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/16/52

NAME OF CEMETERY OR CREMATORY: Brethern Cem.-Welsh Run

LOCATION (City, town, or county) (State): Mercersburg, Pa. R. 2

DATE REC'D BY LOCAL REGISTRAR: Dec. 14, 1952

REGISTRAR'S SIGNATURE: Grace H. Beaver

24. FUNERAL DIRECTOR: J. M. Kennuger

ADDRESS: Mercersburg, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place): 1 year

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location): Williamsport Pike

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Florence	M.	Dietz	Dec.	7	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	4-4-1875	77 yrs.	9	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	New Windsor, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
S. H. Crawford, Sr.	Martha Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NONE	Rev. Wagner, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Renal Disease DUE TO	6 yrs
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1952, to 12-7, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. Du Bois Hagerstown Md 12/8/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-8-1952	Mt. Olive Cemetery	Hanover, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 8, 1952	C. Lee McElroy	C. M. Suter & Sons, Hagerstown, Maryland

VS-A15 8-51

DEC 16 1952

153

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14941

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/S 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown Rural
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1730 S. Monroe St.,

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) W (Last) Febrey

4. DATE OF DEATH: (Month) 12-- (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 16, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Molder

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Febrey

14. MOTHER'S MAIDEN NAME: Bertha Knorr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Jennie Febrey Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
490X Immediate cause	(a)	Lobar Pneumonia	2 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1952, to Dec. 2, 1952, that I last saw the deceased alive on Dec. 2, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

David R. Brewer M.D. Clear Spring Md. 12/4/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 12-5-52 — NAME OF CEMETERY OR CREMATORY Funkstown — LOCATION (City, town, or county) Funkstown (State) Md.

DATE REC'D BY LOCAL REG. Dec 5-52 — REGISTRAR'S SIGNATURE Joseph W. Murray Local

24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1945

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (In this place) 3½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 143 West Patrick Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARA	E.	HERVIG	December	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Dec. 24, 1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Haller	Annie Eckstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Elmer E. Hodges, McKaig, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Generalized arteriosclerosis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis	2 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 11, 1952, to Dec. 18, 1952, that I last saw the deceased alive on Dec. 18, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE: C. Wellan M.D. (Degree or title) ADDRESS: Boonsboro DATE SIGNED: 12/19/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 20, 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 20. 1952	John H. Bast	C. E. Cline & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH 1946

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 911 Corbett St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 911 Corbett St.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Hoover

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 22, 1879

9. AGE (last birthday): 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hoover

14. MOTHER'S MAIDEN NAME: Rebecca Abbington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 717-07-9380

17. INFORMANT AND ADDRESS: Mrs. Bessie Hoover

18. MEDICAL CERTIFICATION — 911 Corbett St.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arteriosclerotic myocardial heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Noon m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Roberts Wells M.D. DEPUTY MEDICAL EXAMINER WASH. CO., MD.

ADDRESS 115 N. Potomac Hagerstown, Md.

DATE SIGNED 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/8/52

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Dec 8, 1952

REGISTRAR'S SIGNATURE Ethel V. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Dr. Hocklander

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 13 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 65½ West Franklin Street

3. NAME OF DECEASED: (First) Patsy (Middle) Jean (Last) Huffer
4. DATE OF DEATH: (Month) December (Day) 7 (Year) 19 52

5. SEX: Femanl
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 1, 1933
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Wattress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Hagerstown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Bowers
14. MOTHER'S MAIDEN NAME: Louise Palmer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 220-28-3403
17. INFORMANT & ADDRESS: Calvin E. Huffer 65½ W. Franklin St. Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acidosis — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Diabetes — ?

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 19 52, to Dec 7, 19 52, that I last saw the deceased alive on Dec 5, 19 52, and that death occurred at 3:30 A m from the causes and on the date stated above.
SIGNATURE (Degree or title): Edwin H Coulbourn M D
ADDRESS: Hagerstown Md
DATE SIGNED: 12/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/11/52
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md

DATE REC'D BY LOCAL REGISTRAR: Dec. 10, 1952
REGISTRAR'S SIGNATURE: Robert H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14948

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro — LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tomy Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) R. (Last) HULL

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-6-1862

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amos Royer

14. MOTHER'S MAIDEN NAME: Catherine Rosp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ralph Sowack Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Arteriosclerosis	10 yr
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	√ yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1952, to Dec 29, 1952, that I last saw the deceased alive on Dec 29, 1952, and that death occurred at 7.20 A m., from the causes and on the date stated above.

SIGNATURE: W W Sellman (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 12/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 31-1952 — NAME OF CEMETERY OR CREMATORY: Meadow Branch Cem. — LOCATION (City, town, or county): Westminster — (State): Md.

DATE REC'D BY LOCAL REG.: Dec 30. 1952 — REGISTRAR'S SIGNATURE: John L. Bast

24. FUNERAL DIRECTOR: Shanklin & Son — ADDRESS: Westminster, Md.

14949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Mildred (Last) Ingram
4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8, 1901
9. AGE last birthday: 51 yrs. — If under 1 year: Months 7, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Antietam, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hetzel
14. MOTHER'S MAIDEN NAME: Susie Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mr. Geo. M. Ingram R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241 X **Immediate cause** (a) Non at pic bronchial cancer — 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

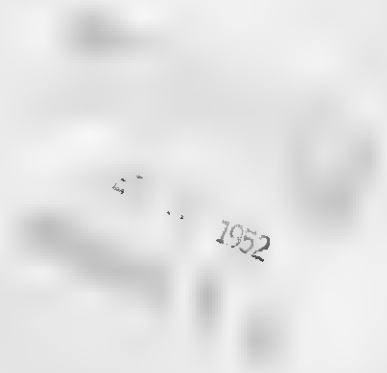
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1949, to Nov. 12, 1952, that I last saw the deceased alive on Nov. 11, 1952, and that death occurred at 7:25 A. m., from the causes and on the date stated above.

SIGNATURE: Donald K. McIntyre — (Degree or title) M.D. — ADDRESS: Charles Town, W.Va. — DATE SIGNED: Nov 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12/12/52 — NAME OF CEMETERY OR CREMATORY: Samples Manor Cemetery — LOCATION (City, town, or county) (State): Samples Manor, Maryland

DATE REC'D BY LOCAL REG. 12/12/52 — REGISTRAR'S SIGNATURE: Catherine K. Smith, Deputy — 24. FUNERAL DIRECTOR: J. Donald Tackett — ADDRESS: Bolivar, West Va.


1952

DR WM. T. LAYMAN
PROFESSIONAL ARTIST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14950
Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: CONOCOCHEAGUE - RURAL
LENGTH OF STAY (in this place): 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural give location): 17 - PUBLIC SQUARE

3. NAME OF DECEASED: (First) GEORGE (Middle) M. (Last) ITNYRE
4. DATE OF DEATH: (Month) DECEMBER (Day) 10 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOVEMBER 19 1869
9. AGE Last birthday: 83 yrs. 0 21
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER AND PAPER HANGER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING TRADE
11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW J. ITNYRE
14. MOTHER'S MAIDEN NAME: SARAH ELIZABETH.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. LAURETTA BUTTS - GARLAND MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) ... DUE TO: Hypertensive Cardiovascular disease
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ... DUE TO
(c)
Interval Between Onset And Death: 3 1/2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

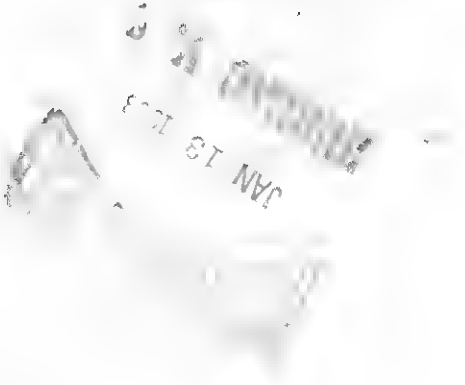
19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1949, to Dec 10, 1952, that I last saw the deceased alive on Dec 8, 1952 and that death occurred at 7:20 P.M.; from the causes and on the date stated above.
SIGNATURE (Degree or title): W. T. Layman, MD
ADDRESS: 3 Public Square, Hagerstown, Md.
DATE SIGNED: Dec 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: DEC. 13. 1952
NAME OF CEMETERY OR CREMATORY: FUNKSTOWN CEMETERY
LOCATION (City, town, or county) (State): FUNKSTOWN WASH. CO. MD.
DATE REC'D BY LOCAL REGISTRAR: December 13, 1952
REGISTRAR'S SIGNATURE: Leroy M. Fockler (Deputy Trade)
24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 | 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 210 High Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) Malott

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-3-1900

9. AGE Last Birthday: 52 yrs. IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman-Plumbin Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft

11. BIRTHPLACE (State or foreign country): Williamsport, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert C. Malott

14. MOTHER'S MAIDEN NAME: Georgetta Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 165-05-4334

17. INFORMANT & ADDRESS: Mrs. Charles W. Malott, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1952, to 12-7, 1952, that I last saw the deceased alive on 12-7, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE K. A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-10-1952	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 10 1952	Chas. F. Bowers	C. M. Zuber & Sons,	Hagerstown, Maryland

Dr. Bell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14952

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 6 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural give location): 1770 Henderson Extended

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Baby Boy McCaha

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	12-28-1952	✓ yrs.			6	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME: Franklin McCaha

14. MOTHER'S MAIDEN NAME: Anna May Bible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	NONE	Franklin McCaha, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature ty — Interval Between Onset And Death: 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Aspiration

DUE TO

(c) (Premature Separation of Placenta)

761.5

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Dec., 1952, to 28 Dec., 1952, that I last saw the deceased alive on 28 Dec., 1952, and that death occurred at 7.35 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
[signature]	M.D.	318 N. Potomac St.	29 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-29-1952	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29, 1952	Chas. H. Bowers	[illegible] Sons, Hagerstown, Md.	

20V2241343

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown,
STREET ADDRESS (If rural give location) 57 Broadway

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Randolph (Last) Moore, Jr.

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-29-1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 11 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mech Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft

11. BIRTHPLACE (State or foreign country): Roanoke, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R. Moore, Sr.

14. MOTHER'S MAIDEN NAME: Edith Emmert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-0720

17. INFORMANT & ADDRESS: Mrs. W. R. Moore, Jr., Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary hypertension & heart disease with congestive cardiac failure — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Pulmonary Emphysema — 6 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20 ...,19 47, to 12-5 ..., 19 52, that I last saw the deceased alive on 12-5 ..., 19 52, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

SIGNATURE: Dalton M. Welty — (Degree or title) M. D. — ADDRESS: Hagerstown — DATE SIGNED: 12-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-8-1952 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 8, 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. J. Suter & Sons, Hagerstown, Maryland — ADDRESS

VS.

[illegible]

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

4951

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pronounced Dead on arrival at Funkstown Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) St. Paul St. Extended

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) E (Last) Moser
4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Dec. 14, 1905
9. AGE last birthday: 45-11-27 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason - employed by Building Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Myersville Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Moser
14. MOTHER'S MAIDEN NAME: Susan Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Nora A. Moser. Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardio-vascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Sudden death at work no injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
J. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. — 115 N. Potomac St. Hagerstown, Md. — 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 14, 1952 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery — LOCATION (City, town, or county) (State): Boonsboro Washington Co. Md.

DATE REC'D BY LOCAL REG: Dec. 13, 1952 — REGISTRAR'S SIGNATURE: Grace E. Emery

24. FUNERAL DIRECTOR — ADDRESS: W. E. Eastfogel Boonsboro Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-451

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporato limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wasshington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Pennsylvania Ave. Ezxt.

3. NAME OF DECEASED: (Type or Print) (First) Martha E. (Middle) (Last) Norris

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 6, 1863

9. AGE last birthday: 89 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Duties

11. BIRTHPLACE (State or foreign country): Keedysville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Norris

14. MOTHER'S MAIDEN NAME: Mary A. Lapole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
442	Immediate cause	(a) Hypertensive cardiovascular renal disease	unknown
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cau.e stating underlying cause last	DUE TO (b)	
		DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Virus infection, acute — One week

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 08, 1952, to Dec. 14 1952, that I last saw the deceased alive on Dec. 13, 1952, and ~~that death~~ occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert Cohen M D ADDRESS Clear Spring, Marykabd DATE SIGNED December 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 16-52

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md?

DATE REC'D BY LOCAL REG.: Dec. 17, 1952

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Funeral Home Hagerstown Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14956

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Williamsport Md.
LENGTH OF STAY (in this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Field Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) Spring Field Farm

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Agnes	Cecelia	Payne	Dec. 31 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 21 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Williamsport Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Arainger	Susan Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mrs. Glenn Kretsinger Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Myocardial Infarct DUE TO	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis DUE TO	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20 1952, to Dec. 31, 1952, that I last saw the deceased alive on Dec. 31, 1952, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.W. Zimmerman, M.D. Williamsport Md. Jan. 1, 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 3 1953	Riverview Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 2-53	E Lee McElroy	Albert D. Leaf	Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14957

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Ellsworth (Last) Poffenberger, Jr.

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-3-1952

9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard E. Poffenberger, Sr.

14. MOTHER'S MAIDEN NAME: Rebecca Long

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: L. E. Poffenberger, Sr., Keedysville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X

Immediate cause (a) ... Respiratory Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Prematurity

DUE TO

(c)

Interval Between Onset And Death: 2 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1952, to Dec. 4, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell M.D. ADDRESS Hagerstown DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 12-8-1952 NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec 8, 1952 REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. H. Sutter & Sons ADDRESS: Hagerstown, Maryland

20V2171250

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1958

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown.
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 31 E. Church Street

3. NAME OF DECEASED: (Type or Print) (First) Ruben (Middle) Thomas (Last) Poffenberger
4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 19 58

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 10 1873	79 yrs.		14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Aeroplane factory
10b. KIND OF BUSINESS OR INDUSTRY: Aeroplane factory
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Poffenbarger
14. MOTHER'S MAIDEN NAME: Rachel Foltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 212-24-7103A
17. INFORMANT & ADDRESS: Mrs. Martha Melcora McKinley 31 E. Church Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Myocardeitis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 years.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
422.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1958, 19..., to Dec. 24, 1958, that I last saw the deceased alive on Dec. 23, 1958, and that death occurred at 6:50 a.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Williamsport Md. DATE SIGNED 12/25/58

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec. 26 1958
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.
DATE REC'D BY LOCAL REG. Dec 25-58
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1959

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport RFD #2
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport RFD #2
STREET ADDRESS (If rural, give location) Williamsport Maryland RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) May (Last) Pryor

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 21 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Clearspring Md.	USA

13. FATHER'S NAME: Joseph Ward

14. MOTHER'S MAIDEN NAME: Mary Jane Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mr. Frank Pryor (Husband Williamsport Md RFD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
1747 Immediate cause	(a) Carcinoma Uterus & Metastasis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

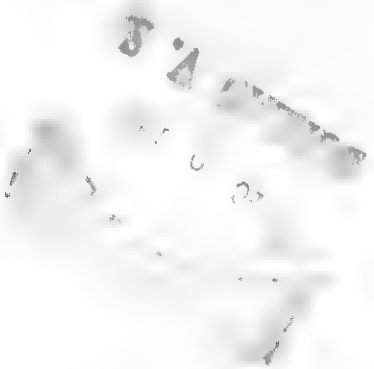
22. I hereby certify that I attended the deceased from Dec 4, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M. Cunningham M.D. Williamsport Md Dec 6, 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 8 1952	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 7-1952	E Lee McElroy	Edith V. Leaf	Williamsport Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1-1950-302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Hagerstown

LENGTH OF STAY (in this place): 8 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 629 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 629 Oak Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Holmes (Last) Pugh

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-23-1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pamplin, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Couch

14. MOTHER'S MAIDEN NAME: Virginia Radcliffe Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Ina B. Miller, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 19 52 to Dec. 6, 19 52, that I last saw the deceased alive on Dec. 6, 19 52, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Clark A. Huffman M.D. 214 N. Potomac St. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE (Month) 12-9-1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Dec. 8, 1952

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. ... Suter Sons, Hagerstown, Md.

VS. AI5 8-51

DEC 10 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14961

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; LENGTH OF STAY (In this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD.; COUNTY WASHINGTON; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; STREET ADDRESS (If rural, give location) WESTERN PIKE

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) John (Last) Robinette

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APR. 14, 1913

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAR DEALER

10b. KIND OF BUSINESS OR INDUSTRY: USED CARS

11. BIRTHPLACE (State or foreign country): CUMBERLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN ROBINETTE

14. MOTHER'S MAIDEN NAME: MARGARET BEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-14-5935

17. INFORMANT: MRS. ROY ROBINETTE, HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage & Shock — Interval Between Onset and Death: 60 Mins.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: US #40 W. of Hagerstown

(CITY OR TOWN) (COUNTY) (STATE): Wade, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 16 '52 11 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Drove into rear of parked Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert Mello M.D. DEPUTY MEDICAL EXAM. Hagerstown Md. 12/19/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: DEC. 22 1952

NAME OF CEMETERY OR CREMATORY: ST. PETERS & PAUL CATH. CEM.

LOCATION (City, town, or county) (State): CUMBERLAND, MD.

DATE REC'D BY LOCAL REG.: Dec. 19. 1952

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: JOHN J. HAFER

ADDRESS: CUMBERLAND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

15050 302
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Rt. #2

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Edward (Last) Robison

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 20, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Max Kenneth Robison

14. MOTHER'S MAIDEN NAME: Ethel Irene Sprecher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

77C ✗
Immediate cause (a) Prematurity not compatible w life
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 5 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1952, to Dec 20, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 9:30 PM from the causes and on the date stated above.

SIGNATURE E H Bowlus M.D. (Degree or title)
ADDRESS Hagerstown, Md.
DATE SIGNED 3/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/22/52
NAME OF CEMETERY OR CREMATORY: St. Pauls
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/23/52
REGISTRAR'S SIGNATURE: Charles H. Bowers
24. FUNERAL DIRECTOR: Adrian H. Howland
ADDRESS: Clear Spring, Md.

20V2251200

MAR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14962

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Security
LENGTH OF STAY (in this place)
~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS Hagerstown Md. R.F.D. 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Security
STREET ADDRESS (If rural, give location) Hagerstown Md. R.D. 5

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Lyman (Last) Roche

4. DATE OF DEATH: (Month) Dec. (Day) 1st (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar 31-1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman & Truck farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hardy Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Scott Roche

14. MOTHER'S MAIDEN NAME: Rachael Ann Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mary Foolore Security Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition — Interval Between Onset and Death: 2 mos.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility - Arteriosclerosis — 4 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 16 Nov, 1952, that I last saw the deceased alive on 16 Nov., 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dewitt, M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-4-52 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: Dec. 4 1952 — REGISTRAR'S SIGNATURE: Mash Howard

24. FUNERAL DIRECTOR — ADDRESS: Rest Haven Funeral Chapel Inc Hagerstown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 8 1952

Dr Bell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14963

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 31 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 132 No. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland | COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural, give location): 132 No. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HOWARD (Last) RODERICK

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 11 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Teacher Voice

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Thomas Roderick

14. MOTHER'S MAIDEN NAME: Catherine Hitaffer -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ------

16. SOCIAL SECURITY No.: 217-32-5515

17. INFORMANT & ADDRESS: Mrs Elizabeth B. Roderick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Thrombosis — Interval Between Onset And Death: 5 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
DUE TO (b) Arteriosclerotic Cardiovascular Disease — Years.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Burton M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED: 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-27-52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR: Dec. 22 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14961

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place): 20 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 453 W. Antietam

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 453 W. Antietam

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Nettie	O	Rogers	12	6	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	single	1880	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
saleslady	Variys	St. James, Md.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Rogers	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	- 09-7636	Mrs. Virginia Knode Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerotic Cardiovascular Disease	10 yrs +
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None					

22. I hereby certify that I attended the deceased from March, 1946, to 6 Dec, 1952, that I last saw the deceased alive on 5 Dec, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE F. F. Lusby MD (DEGREE OR TITLE) ADDRESS 230 N Potomac — DATE SIGNED 6 Dec 52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-9-52	Manor	Hagerstown rural Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 9, 1952	Chas. H. Howard	Fred W. Kraiss	Hagerstown, Md.

DEC 1 1 1.52
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1965

CERTIFICATE OF DEATH

Dr Kneisley

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Washington — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 3 Hours
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Washington
   CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural give location): Broadfording Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Premature Baby Boy Rowe

4. DATE OF DEATH: (Month) (Day) (Year): Dec 4 1952 19__

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write): Single

8. DATE OF BIRTH: Dec 4 1952

9. AGE Last birthday: ✓ yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 3 — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Infant

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John David Rowe

14. MOTHER'S MAIDEN NAME: Pauline L. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
   (If Yes, give war or dates of service): -----

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John David Rowe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity - (5½-6mo) — Interval Between Onset And Death: 3 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4 ..., 1952, to 12/4, 1952, that I last saw the deceased alive on 12/4, 1952, and that death occurred at 12 [illegible] m., from the causes and on the date stated above.

SIGNATURE: D R Kneisley — (Degree or title) MD — ADDRESS: 148 W. Washington St — DATE SIGNED: 12/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-5-52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 5, 1952 — REGISTRAR'S SIGNATURE: Elsie H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md

20V23142 20

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14966

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 634 W. WASHINGTON ST.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) RUSSELL (Last) SCHILDTKNECHT

4. DATE OF DEATH: (Month) DEC. (Day) 13 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (STATE): WIDOWED

8. DATE OF BIRTH: 5/24/1908

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: NONE

10b. KIND OF BUSINESS OR INDUSTRY: BLIND INVALID

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VERNON L. SCHILDKNECHT

14. MOTHER'S MAIDEN NAME: IRENE GOSSARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. MARY SCHILDTKNECHT HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, head of pancreas — Interval Between Onset And Death: 4 mo certain

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

157

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Refer to pregnancy — 12 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1952, to Dec. 13, 1952 that I last saw the deceased alive on Dec 13 1952 and that death occurred at 11 15 P.M., from the causes and on the date stated above.

SIGNATURE W. J. Layman (Degree or title) M.D. — ADDRESS 5 Public Square Hagerstown, Md — DATE SIGNED Dec 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/16/52 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, Town, or county) Hagerstown — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 15 1952 — REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR A. J. Normen — ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

14968

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON — STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN — LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 901 FREDERICK ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 901 FREDERICK ST.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) FRANKLIN (Last) SCHLEIGH

4. DATE OF DEATH: (Month) DEC. (Day) 8 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4/15/1889

9. AGE Last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: BLDG. CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM L. SCHLEIGH

14. MOTHER'S MAIDEN NAME: IDA V. BOWARD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. IDA SCHLEIGH HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Cerebral Hemorrhage — 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Renal — 6 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-1952, to 12-8-1952, that I last saw the deceased alive on 12-6-1952, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE W. W. Otto (Degree or title) — ADDRESS Hagerstown Md — DATE SIGNED 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/10/52 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) Hagerstown — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 9. 1952 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. J. Normentt — ADDRESS Hagerstown, Md.

VS. A15

DEC 11
V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

1967

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: hagerstown
LENGTH OF STAY (in this place): life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Maryland
STREET ADDRESS (If rural, give location): 641 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) Calvin (Last) Scott

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 7 1890

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watch Man

10b. KIND OF BUSINESS OR INDUSTRY: W.M. Railroad

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Scott

14. MOTHER'S MAIDEN NAME: Harriet Hager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-4061

17. INFORMANT AND ADDRESS: Laura Scott 641 Pennsylvania Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

5(1.0 **Immediate cause** (a) Strangulated right indirected inguinal hernia — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/16/52

19b. MAJOR FINDINGS OF OPERATION: Strangulation & gangrene of terminal ileum

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16/, 1952, to 12/20/, 1952, that I last saw the deceased alive on 12/20/, 1952, and that death occurred at 2:05 A.m., from the causes and on the date stated above.

SIGNATURE: John A. Moran (Degree or title) M. D. — ADDRESS: 215 W. Washington St, Hagerstown Md. — DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-23-1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Maryland.

DATE REC'D BY LOCAL REG.: Dec. 23 1952 — REGISTRAR'S SIGNATURE: Thos. H. Hoover

24. FUNERAL DIRECTOR — ADDRESS: John R Watson Hagerstown Md

RECEIVED
DEC 29
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14969 4

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Fulton. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RT. 1 Hancock Md. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Homer (Middle) Lee (Last) Sriver

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 24. 1923.

9. AGE Last birthday: 29 yrs. If under 1 year: Months 4. Days 10. If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fair Childs Aircraft.

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal.

11. BIRTHPLACE (State or foreign country): Fulton County Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grier Scriever.

14. MOTHER'S MAIDEN NAME: Emily Ward.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): II

16. SOCIAL SECURITY NO.: 219-12-0134

17. INFORMANT AND ADDRESS: Grier Scriever. Hancock RT.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E81.0

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and shock

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway (CITY OR TOWN) Conococheague (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 4 1952 12:30 a.m. INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Truck struck guard-rail of bridge and overturned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Meeks, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 12/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF 12.8.52 NAME OF CEMETERY OR CREMATORY: Christian Cemetery. LOCATION (City, town, or county) (State): Buck Valley Fulton Co.

DATE REC'D BY LOCAL REG. Dec 10, 1952 REGISTRAR'S SIGNATURE Ethel Beavers

24. FUNERAL DIRECTOR ADDRESS: Howard J Grove. Hancock Md.

VS. 415A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1-13303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown R D 2
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Huyetts CrossRoads

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural, give location): Huyetts Cross Roads

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Catherine E. Shank

4. DATE OF DEATH: (Month) (Day) (Year) 19: Dec. 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 5, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jacob Mummert

14. MOTHER'S MAIDEN NAME: Ellen ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mildren Carson- Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
164X Immediate cause	(a) Malnutrition	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of the Mediastinum	unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 03 19 52, to Dec. 18 19 52, that I last saw the deceased alive on Dec. 17 52, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE: Clarke Robert Cohen (DEGREE OR TITLE) M. D. ADDRESS: Clear Spring, Maryland DATE SIGNED: 12-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 21-1952 — NAME OF CEMETERY OR CREMATORY: Shanktown Cemetery — LOCATION (City, town, or county) (State): Big Pool, Md.

DATE REC'D BY LOCAL REG.: Dec 21-52 — REGISTRAR'S SIGNATURE: Joseph W. Murray Local Reg.

24. FUNERAL DIRECTOR: Adman H. Rowland — ADDRESS: Clear Spring, Md.

RECEIVED
DEC 29
BUREAU V. S.

Item 9 Filmed 150 2/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1971

CERTIFICATE OF DEATH

Reg. Dist. No. 352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 437 Guilford Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 437 Guilford Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Urban (Last) Shope

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	May 10, 1878	74 ~~73~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brick layer	Contractor	Penna.	U.S.A.

13. FATHER'S NAME: Andrew G. Shope

14. MOTHER'S MAIDEN NAME: Louisa M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	214-09-7233	Mrs. A.M. Davis [illegible] Ave., [illegible], Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422,2 Immediate cause	(a) Chronic myocarditis	several months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12-1, 1952 to 12-2, 1952, that I last saw the deceased alive on Dec. 2, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE R A Bree (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 2, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-5-52	Rose Hill	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 4, 1952	Straughn Bowers	Fred W. Kraiss	Hagerstown, Md.

VS-A16 8-51

DEC 8 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14972

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Laer
LENGTH OF STAY (in this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 638 Washington Avenue

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 638 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Snyder
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7-6-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 11 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellerslie, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Buchanan
14. MOTHER'S MAIDEN NAME: Susan Green

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Elizabeth Curlee, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 2-3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease — Interval Between Onset And Death: years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma; Generalized Arteriosclerosis years.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1952 to 12-4, 1952, that I last saw the deceased alive on 12-3, 1952, and that death occurred at 11:55 P.M. from the causes and on the date stated above.

SIGNATURE Richard T. Bridge (Degree or title) M.D. ADDRESS Hagerstown, Md DATE SIGNED 12-4-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-6-1952 — NAME OF CEMETERY OR CREMATORY River View Cemetery — LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR DEC 5 1952 — REGISTRAR'S SIGNATURE Edward Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

Dr. Binford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Lusby

1497

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 12 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1905 Va. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hagerstown,
STREET ADDRESS (If rural give location): 1905 Va.Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Springer

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11, 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Conductor Renna.R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Breadesville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Springer

14. MOTHER'S MAIDEN NAME: Mary Va. Kohlenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 717-07-9380

17. INFORMANT & ADDRESS: Lottie M. Springer

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Arterio Sclerotic Cardio Vascular Disease	10 yrs +
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to 7 Dec, 1952, that I last saw the deceased alive on 7 Dec, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): F F Lusby MD — ADDRESS: 230 N Potomac — DATE SIGNED: 8 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/10/52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 10 1952 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

Dr. Wells 14971

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 3 Hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown City Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg, #2; STREET ADDRESS (If rural, give location) Snyder's Landing

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Leroy (Last) Statler

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/29/1909

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Oscar Statler

14. MOTHER'S MAIDEN NAME: Loucetta Seylar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-09-9882

17. INFORMANT AND ADDRESS: Mrs. Ethel Statler 203 S. Prospect St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound into skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and shock

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office, hospital, etc.) OF INJURY City Park (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 8, 1952 2 p.m. Office

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Shot self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12-11-1952; NAME OF CEMETERY OR CREMATORY Zion Evan. U.B. Cemtery; LOCATION (City, town, or county) Cearfoss, Md. (State)

DATE REC'D BY LOCAL REG. Dec. 10, 1952; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman, ADDRESS Hagerstown, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hooklander S 14075

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN williamsport
LENGTH OF STAY (in this place) 5 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hartle Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 449 No. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) ADDISON (Last) STICKELL
4. DATE OF DEATH: (Month) (Day) (Year) Dec 8 1952 19

5. SEX: MALE Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (If married, widowed or divorced) Widower
8. DATE OF BIRTH: Apr 1 1860
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Pres. D. A. Stickell Co.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Marion Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel R. Stickell
14. MOTHER'S MAIDEN NAME: Susan Zentmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: 214-10-0302
17. INFORMANT & ADDRESS: Howard K. Stickell 209 Mealey Pkwy Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) ..... Cerebral hemorrhage. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Arterio sclerosis. DUE TO

(c)

Interval Between Onset And Death: 36 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

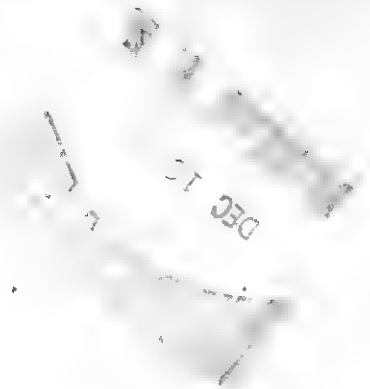
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1952, to Dec. 8, 1952, that I last saw the deceased alive on Dec 7, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE E. H. Hooklander M.D. (Degree or title) ADDRESS Hagerstown Md. DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-10-52
NAME OF CEMETERY OR CREMATORY Rose Hill cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 10. 1952
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md



MARYLAND STATE DEPARTMENT OF HEALTH

14976

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro Md. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS (If rural, give location) Rural R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hiram	Irvin	Stine	12	21	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Dec 14, 1917	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram F. Stine
14. MOTHER'S MAIDEN NAME: Annie J. Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Miss Mildred C. Stine, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.1

Immediate cause (a) Fracture of skull — Interval between onset and death: 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Cervical Vertebrae

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Main St
(CITY OR TOWN) Boonsboro (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 12/21/52 12:10 P.M. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. W. Dutt (Degree or title) Deputy Medical Examiner ADDRESS Hagerstown, Md. DATE SIGNED 12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 24, 1952 | NAME OF CEMETERY OR CREMATORY: St. Marks cemetery | LOCATION (City, town, or county) (State): Keysville, Md.

DATE REC'D BY LOCAL REGISTRAR: 23 Dec 1952 | REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR: M. R. Etchison and Son, Frederick, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
DEC 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Dr Wells 4977

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND
LENGTH OF STAY (in this place): 16 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 717 No. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 717 No Locust St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WILLIAM (Last) THOMAS

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov 30 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Concrete Walk Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas

14. MOTHER'S MAIDEN NAME: Mary McDade

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service): ---------

16. SOCIAL SECURITY No.: unable to locate

17. INFORMANT & ADDRESS: George W. Thomas 717 No. Locust St Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic myocardial heart disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) with myocardial failure grade IV

DUE TO

(c) acute glomerulonephritis

Interval Between Onset And Death: 5 yrs / 2 days

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind both eyes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to Dec. 30, 1952 that I last saw the deceased alive on Dec 27, 1952 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. Robert Wells M.D.

ADDRESS: 18 N. Potomac Hagerstown Md

DATE SIGNED: 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-1-53

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 1. 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1978

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 358 So. Focus St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 358 So. Focus St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Reynolds (Last) Walden
4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 12-10-1884 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Tazewell, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Walden
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. H. J. Mathna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

446X

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Asthma

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Dec. 1, 1947 to Dec. 5, 1952, that I last saw the deceased alive on Dec. 5, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Reading M.D. ADDRESS Hagerstown, Md. DATE SIGNED Dec. 6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: Dec. 8, 1952 | REGISTRAR'S SIGNATURE: Louis H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Rest Haven Funeral Chapel Inc. Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Kohler

Reg. Dist. No. 302 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 40

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville Rural

LENGTH OF STAY (in this place): 49 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cavetown-Boonsboro Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Washingt

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville Rural

STREET ADDRESS (If rural give location): Cavetown-Boonsboro Road

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) MAY (Last) WELLER

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Nov. 6, 1883	69 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Chewsville, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
J. Hamilton Michael	Jane Gaver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	----	None	Mrs George Bushey Cavetown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
428.1 Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Diabetes Mellitus	4 yrs
	(c) DUE TO Cardio Vascular disease	10 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1952, to Dec 22, 1952 that I last saw the deceased alive on Dec 22, 1952 and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
G. E. Kohler M.D.	Smithsburg	12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/24/52	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 23, 1952	Geo W Ferguson	Andrew K. Coffman	Hagerstown, Md.

RECEIVED
DEC 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14980

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit; MARYLAND LENGTH OF STAY (in this place) 76 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	M. C.	Willard	12	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	W	May 17 1858	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House Duties	Carroll Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Eby	Elizabeth Six

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Clay Willard, Blue Ridge Summit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Carcinoma of rectum	known 2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocarditis	15 "
(c)		

154X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 2nd 1951	Same as above.	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 19 26 to 12/14/ 1952, that I last saw the deceased alive on 12/13/ 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo B Davis M. D. - Arcade Bldg. Waynesboro, Pa. 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/16/52	Burns Hill	Waynesboro Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 16 52	Geo W Ferguson	Walter J Hoover, Waynesboro Pa

VS. A-15

14981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. #2.
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural # 2. Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Quay (Middle) E (Last) Younker.

4. DATE OF DEATH (Month) 12. (Day) 2 (Year) 52

5. SEX Male.

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married.

8. DATE OF BIRTH April 6. 1902.

9. AGE last birthday 50. yrs. If under 1 year Months 7 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY B & O. Trackman

11. BIRTHPLACE (State or foreign country) Hancock Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elmer Younker.

14. MOTHER'S MAIDEN NAME Frances Weller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. 705-05-9272

17. INFORMANT AND ADDRESS Mrs Ruth Younker. Hancock RT. #2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Progressive Muscular Atrophy — Interval Between Onset and Death: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

356.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Dec. 1, 1952, that I last saw the deceased alive on Dec. 2, 1952, and that death occurred at 12.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David R Brewer M.D. Clear Spring Md. 12/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial.

DATE THEREOF 12.6.52

NAME OF CEMETERY OR CREMATORY First Church Of God.

LOCATION (City, town, or county) (State) Hancock Md.

DATE REC'D BY LOCAL REG. 12/6/52

REGISTRAR'S SIGNATURE J. A. Keller

24. FUNERAL DIRECTOR Howard J Stone ADDRESS md

RECEIVED
DEC 10 1952
BUREAU V. S.

Dr. B. B. Kneisley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 14382

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2200 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 2200 Virginia Ave.

3. NAME OF DECEASED: (First) Luther (Middle) Calvin (Last) Zimmerman

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 16, 1874

9. AGE Last birthday: 78 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Clerk W.M.R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Walkersville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Zimmerman

14. MOTHER'S MAIDEN NAME: Martha Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Mrs. A. Grace Zimmerman 2200 Virginia Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Thrombosis — Interval Between Onset And Death: 17 Days

DUE TO (b): Cerebral Arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c):

332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1952, to Dec. 27, 1952, that I last saw the deceased alive on 12-26, 1952, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 148 W. Wash St. Hagerstown Md. DATE SIGNED: 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-29-1952
NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
LOCATION (City, town, or county) (State): Woodsboro, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 29, 1952
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

RECEIVED
DEC 31 1952
BUREAU V. S.